

Regulated Object Inspection Report Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

SAFETY AND BUILDINGS DIVISION Inspection and Safety Support Section P. O. Box 7302 Madison, Wisconsin 53707-7302 www.commerce.state.wi.us

Owner and/or Billing Contact Info:			Object Location:				Investigation ID: Regulated Object ID			
Name:			Site:							
		Addres	SS:			Date Inspected:		oect Fee: None	PTO Fee: \$35.00	
Address:			City					None	φ35.00	
City:			State/Zip:				☐ Issue PTO ☐ PTO on hold			
State/Zip:			County:							
Phone:			Location On Property:				☐ Initial ☐ Special ☐ Re-inspection			
Regulated Object Information			Attributes							
WI Registration Tag Number: Family: Elevators Type: Elevator Last Investigation: Cycle: 1 yr. PTO Expiration: Next: History: Contract Date Comm. 18 / IND. 4 ASME NEC			Manufacture: # of Landings: # of Car Entr: Type of Drive Unit: Direct Hydraulic Working PSI: Relief PSI: Fire Set 5yr Safety/Gov. Test Date: Speed Number Number Valve: Annua				Load (lbs): d (fpm) Up: Down: er of Ropes: Size: None er of Chains: Size: ervice: Phase I Sealed: Yes al Hydraulic Test Date: Pass			
Inspector Name:						Onsite Contact:				
e-mail:	ımh or:	Employed by:				Comtactic Phone:				
Wisconsin Credential Number: I certify this is a true and accurate report of my inspecti			tion			Cont	Contact's Phone:			
-						Contact's Email:				
Signature:		Phone: FAX:			X:	Sontage Entail.				
REMARKS:										
Code Code violations listed below shall be corrected by COMPLIANCE DATE: *							•			
No. Section	*See the back of this report for important compliance information regarding this ORDER .									
110.	See the back of	oi triis	report for important compliance	HIIOIIII	alion rega	irding tris O	KUEK.			